

PART B - FEE(S) TRANSMITTAL

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17581 7090 09/27/2006

MEDTRONIC, INC.
710 MEDTRONIC PARK
MINNEAPOLIS, MN 55432-9924

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| (Depositor's name) |
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| (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/693,763 | 10/24/2003 | Paul J. McDowell | P-8237.00 | 2173 |

TITLE OF INVENTION: SLOW RISE DEFIBRILLATION WAVEFORMS TO MINIMIZE STORED ENERGY FOR A PULSE MODULATED CIRCUIT AND MAXIMIZE CHARGE TRANSFER TO MYOCARDIAL MEMBRANE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PRIV. PAID ISSUE FEE | TOTAL FEES DUE | DATE DUE |
|---------------|--------------|---------------|---------------------|----------------------|----------------|------------|
| unprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 12/27/2006 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------------------|----------|----------------|
| JOHNSON, SHEYON ELIZABETH | 3756 | 607-007000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.333).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB-47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MEDTRONIC, INC.

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Minneapolis, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

Paul H. McDowell
Paul H. McDowell

Date

Registration No.

23 Oct. 06
31,873

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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